

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43637 (0)

1. Corporation Name

ELDER SERVICES RESOURCE NETWORK, INC.



Principal Place of Business

Mailing Address

4019 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33065

4019 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

09/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 450537**

26 **P.O. Box 450537**

4. FEI Number

65-0418548

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

City & State

City & State

23 **SUNRISE, FLORIDA**

28 **SUNRISE, FLORIDA**

6. Election Campaign Financing



\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33345-0537**

25 **USA**

29 **33345-0537**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAW OFFICES OF STUART R. MORRIS PA
2000 GLADES ROAD
STE. 416
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME **PD GLASER, SUSAN**

1.2 NAME **PD GLASER, SUSAN**

STREET ADDRESS **~~8301 W. OAKLAND PARK BLVD.~~**

1.3 STREET ADDRESS **4410 N. STATE RD. 7, BLDG J, # 303**

CITY-ST-ZIP **~~SUNRISE FL 33351~~**

1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33319**

TITLE DELETE

2.1 TITLE Change Addition

NAME **1VPD BRONSON, JO**

2.2 NAME

STREET ADDRESS **309 SE 18TH STREET**

2.3 STREET ADDRESS

CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME **VPD SCHWARTZ, HOWARD**

3.2 NAME **SCHWARTZ, HOWARD**

STREET ADDRESS **4337 N. STATE RD. 7**

3.3 STREET ADDRESS **5130 LINTON BLVD., # B-3**

CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

3.4 CITY-ST-ZIP **DELRAY BEACH, FL. 33484**

TITLE DELETE

4.1 TITLE Change Addition

NAME **TD MOLANDER, RICHARD**

4.2 NAME

STREET ADDRESS **800 FAIRWAY DR., STE. 250**

4.3 STREET ADDRESS

CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME **RSD LEE, KNYVETT**

5.2 NAME **WILSON, ROSE**

STREET ADDRESS **~~5117 NW 88 AVENUE~~**

5.3 STREET ADDRESS **7101 W. COMMERCIAL BLVD., SUITE 4-D**

CITY-ST-ZIP **~~LAUDERHILL FL 33319~~**

5.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33319**

TITLE DELETE

6.1 TITLE Change Addition

NAME **CSD SCAVRON, CHERYL**

6.2 NAME

STREET ADDRESS **7600 WILES ROAD**

6.3 STREET ADDRESS

CITY-ST-ZIP **CORAL SPRINGS FL 33067**

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard D. Molander, Treasurer 5/24/96 954-421-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)